## PATENT APPLICATION FEE DETERMINATION RECORD

.

**Application or Docket Number** 

Effective January 1, 2003

10603248

| CLAIMS AS FILED - PART (Column 1)              |   |   |                           |                       | <br>(Column 2)                |                  |              | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|--|---|---|---------------------------|-----------------------|-------------------------------|------------------|--------------|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS                                   |   |   | 20                        |                       |                               |                  |              | RATE                | FEE                    | ).<br>                        | RATE                | FEE:                   |
| FOR  |   |   | NUMBER FILED              |                       | NUMBI                         | É EXTRA          |              | BASIC FEE           | 375.00                 | OR                            | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                        |   |   | Q√ minus 20≈              |                       | • 95                          |                  |              | X\$ 9=              |                        | OR                            | X\$18=              |                        |
| INDEPENDENT CLAIMS                             |   |   | ⊋ minus 3 =               |                       |                               |                  |              | X42=                |                        | OŔ                            | X84≈                |                        |
| MU   | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT                    |                       |                               |                  |              | +140=               | ·                      | OR                            | +280=               |                        |
| * If   | the difference  | in column 1 is                            | less than zero, enter "0" |                       |                               | olumn 2          | l            | TOTAL               | 375                    | OR                            | TOTAL               |                        |
| るし   |   | LAIMS AS A                                | AMENDED - PART II         |                       |                               |                  | SMALL ENTITY |                     |                        | OTHER THAN SMALL ENTITY       |                     |                        |
| $\bigcup_{i=1}^{n}$                            | 106/02  | (Column 1)                                |                           | (Colur                |                               | (Column 3)       | 1 1          | SMALL               |                        | OR                            | SMALL               |                        |
| AMENDMENT A                                    |   | REMAINING<br>AFTER<br>AMENDMENT           |                           | NUM<br>PREVIO<br>PAID | BER<br>OUSLY                  | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | - 20                                      | Minus                     | # 3                   | 0                             | - \              |              | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|  | Independent   | NITATION OF M                             | Minus                     | ***                   | 3<br>FCI AIM                  | - 1              |              | X42=                | ·                      | OR                            | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                           |                       |                               |                  | J            | +140⊭               | :                      | OR                            | +280=               |                        |
|  |   |   |                           |                       |                               |                  | •            | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)               |   |   |                           |                       |                               |                  |              | , NDUII. FEE (      |                        | •                             | ADO! I. FEE!        |                        |
| AMENDMENT B                                    |   | CLAIMS                                    |                           | HIGH                  | IEST                          |                  | ۱ ۱          |                     | ADDI-                  | 1                             |                     | ADDI-                  |
|  |   | REMAINING<br>AFTER<br>AMENDMENT           |                           | PREVI                 | BER<br>OUSLY<br>FOR           | PRESENT<br>EXTRA |              | RATE                | TIONAL<br>FEE          |                               | RATE                | TIONAL<br>FEE          |
|  | Total   | *   | Minus                     | .**                   |                               | =                |              | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|  | Independent   | *   | Minus                     | ***                   |                               | <u> </u>         |              | X42=                | ,                      | OR                            | X84=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                           |                       |                               |                  | J            |                     |                        |                               |                     |                        |
|  | •   | •   |                           |                       |                               |                  |              | +140=               |                        | OR                            | +280=               |                        |
|  | • •   |   |                           |                       |                               |                  |              | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT, FEE |                        |
|  | (Column 1) (Column 2) (Column 3)  |   |                           |                       |                               |                  |              |                     | •                      |                               |                     |                        |
| AMENDMENT C                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | NUM<br>PREVI          | IEST F<br>BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                     | **                    | <u> </u>                      | =                | 11           | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|  | Independent   | *   | Minus                     | ***                   | ·_····                        | =                |              | X42=                |                        |                               | X84=                | -,                     |
| <u>"</u>                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                           |                       |                               |                  |              | 7,72                |                        | OR                            | 7.01-               |                        |
| * 1  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                           |                       |                               |                  |              |                     |                        | OR                            | +280=               |                        |
| **   | lf the "Highest Nu  | mber Previously P                         | aid For' IN THI           | \$ SPACE              | is less tha                   | n 20, enter "20  |              | TOTAL<br>ADDIT: FEE |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
|  |   | mber Previously P<br>nber Previously Pa   |                           |                       |                               |                  |              | und in the app      | propriate box          | in co                         |                     |                        |